

COMMUNITY DEVELOPMENT AND CONSUMER INFORMATION

The SHCC's vision statement has guided its study of health workforce issues. That vision statement expresses values for prevention and education, equal access to health care, the empowerment of local communities to plan and direct health interventions that have the greatest impact on their citizens, and the ability of consumers to make informed health decisions. To that end, two strategies were proposed in the *Texas State Health Plan* and ad hoc committees were formed to: 1) explore models for community health practice, and 2) enable consumers to make better health care decisions. Those ad hoc committee reports are included as Appendices G and H in this *Update*. The SHCC supports the following strategy to further the objective of designing and implementing systems to help local communities address health issues (see Goal 6, Objective 6.1 for full text).

The Texas Department of Health should provide technical assistance to local health departments and communities in preparing a community health profile (Public Health Essential Function #1) to aid them in directed health planning.

Consumers find themselves in positions where they are either overwhelmed with health information or where they are frustrated in their ability to locate specific information to meet their health care needs. The Ad hoc committee on Consumer Information explored the types of information consumers want, need, and use as well as the types of information available to them. As a result of this study, the SHCC adopts the strategy (see Goal 7, Objective 7.1 for full text):

The Texas Health Care Information Council should develop a clearinghouse providing health and health insurance related information. THCIC should be authorized to coordinate and organize the information available from state agencies and state entities involved in health information activities (i.e. Texas Health Care Information Council, Office of Public Insurance Counsel, Texas Department of Insurance, health professions licensing boards, and the Texas Department of Health).

Summary

This chapter has highlighted SHCC strategies and recommendations related to strengthening the four interdependent systems – workforce monitoring and forecasting, education and training, recruitment and retention, and regulation of health

professionals - that are critical to ensuring a quality health care workforce for Texas. In addition, strategies are proposed based on work done by other ad hoc committees, which supports the SHCC values for community development and responsibility in improving health and for the availability of health information to meet the needs of consumers. The full set of SHCC strategies is included in Table 1-1. The SHCC believes that the strategies and recommendations in this *Update* further the goals and objectives outlined in the *Texas State Health Plan* and will serve to ensure a quality health care workforce for Texas.

Endnotes

1. Pew Health Professions Commission. *Critical Challenges: Revitalizing the Health Professions for the Twenty-First Century*. San Francisco: University of California, San Francisco, Center for Health Professions; 1995.
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4. Buerhaus, Peter I., Staiger, Douglas O., Auerbach, David I., "Implications of an Aging Registered Nurse Workforce," *Journal of the American Medical Association*, 283, 22, June 14, 2000.
5. Dickler, Robert, Shaw, Gina, "The Balanced Budget Act of 1997: Its Impact on U.S. Teaching Hospitals," *Annals of Internal Medicine*, 132: 820-824, 16 May 2000.
6. Association of American Medical Colleges, "Fact Sheet," 4, 3, May 2000, www.aamc.org.

7. Harrington, Marilyn S., and Rettig, Richard A., “Allied Health Professions Education: A Primer,” Handout, Texas Higher Education Coordinating Board Health Professions Task Force, March 6, 2000.
8. O’Neil, E.H. and the Pew Health Professions Commission, “Recreating Health Professional Practice for a New Century,” San Francisco, CA: Pew Health Professions Commission. December 1988.
9. Zamrazil, Kristie, “Telemedicine in Texas: Public Policy Concerns,” House Research Organization Focus Report, Number 76-22, May 5, 2000.
10. Office for the Advancement of Telehealth. “Telehealth Update,” U.S Health Resources and Services Administration, May 2000. www.telehealth.hrsa.gov/
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Table 1-1. 2001-2002 State Health Plan Update Goals, Objectives and Strategies

Goal 1: Ensure that the needed number of health care professionals are educated and trained.

Objective 1.1: Conduct workforce supply and requirements planning for Texas 2000 – 2030

State Strategy	Actions	Parties Responsible	Timetable
<p>Strategy: 1.1.1</p> <p>The minimum data set, developed by the SHCC Health Personnel Data Ad Hoc committee to improve information for workforce planning, allocation of educational resources, recruitment and retention of health professionals and evaluation of those programs, should be implemented and data collected on the following professions:</p> <p>Audiologists Chiropractors Dentists Dental Hygienists Dietitians Licensed Vocational Nurses Medical Radiologic Technicians Occupational Therapists Optometrists Pharmacists Physicians Physician Assistants Physical therapists Psychologists Registered Nurses Respiratory Care Practitioners Speech Language Pathologists Social Workers</p> <p>The reporting of health personnel data is non-mandatory for health professionals, except for those data elements required for board administrative and regulatory purposes.</p>	<p>1) The Department of Information Resources (DIR) Regulatory Systems Requirements and Comparative analysis study should include in its proposal the minimum data set for health professionals.</p> <p>2) If the House Appropriations Regulatory Sub-Committee approves and recommends allocation of funds for the DIR regulatory system that priority be given to implementing the data collection system for health professions.</p> <p>3) The licensing boards for those professions named should change their licensing and renewal forms and data systems to include the collection of the minimum data set on an annual or biennial basis. The legislature should appropriate funds to the Texas Department of Health to cover the costs of contracting with licensing boards to implement the minimum data set. The legislature should raise the FTE cap for those licensing boards and the Health Professions Resource Center, which are required to implement and maintain the collection of that data.</p> <p>4) The Texas Legislature should amend H.B. 692, 76th Texas Legislative Session, to allow for the disclosure of the social security number and other licensing board data including, but not limited to, gender, date of birth, and race/ethnicity to the Health Professions Resource Center, other state agencies and state universities. Release of such licensing data should be subject to any confidentiality requirements and guidelines outlined by the open records laws and privacy laws of Texas.</p>	<p>House Appropriations Regulatory Sub-Committee and the 77th Texas Legislature</p> <p>Health Professions licensing boards which license the professionals listed</p> <p>77th Texas Legislature</p>	<p>End of the 77th Legislative Session</p> <p>Implementation completed by August 2003</p> <p>End of 77th Legislative Session</p>



State Strategy	Actions	Parties Responsible	Timetable
Strategy: 1.1.2 The Health Professions Resource Center, the Texas Higher Education Coordinating Board, the Texas Workforce Commission, and the Research Division of the Texas Legislative Council work cooperatively to conduct workforce projection studies and define and conduct workforce studies and surveys that will inform workforce and education policy development.	1) Conduct on-going studies using workforce models on individual professions and the Integrated Requirements Model 2) Identify information needs and conduct surveys on issues affecting the workforce: salary, job satisfaction, retirement projections, workplace descriptors, practice patterns, etc. 3) Identify current and future educational needs and funding for health professions education, minority and rural recruitment and retention. 4) The Texas Department of Health should increase the operating budget and staff for the Health Professions Resource Center in order for them to effectively administer both the Department of Health and Human Services Health Professions Shortage Area functions and the workforce planning functions.	The Health Professions Resource Center and the Texas Higher Education Coordinating Board co-sponsor convene and produce workforce and education reports to be presented to the Texas State Legislature each biennium. These reports should be produced with input and support from: Texas Workforce Commission Texas Legislative Council Area Health Education Centers Health Professions Associations Academic Health Centers Schools of Allied Health Community Colleges Center for Rural Health Initiatives Community Health Provider Resources, TDH Texas Department of Health	November 1, 2002 and ongoing
Strategy: 1.1.3 The Statewide Health Coordinating Council, in consultation with the Texas Higher Education Coordinating Board and its relevant advisory committees, proposes the following recommendations for programs and funding for health professions education.	1) The Texas Higher Education Coordinating Board review its GME funded programs to ensure that the state is maximizing federal matching dollars and make recommendations for changes if necessary. 2) The 77 th State Legislature implement proposed formula- funding ratios for health professions programs.	Texas Higher Education Coordinating Board 77 th Texas Legislature	77 th Legislative Session End of 77 th Legislative Session

State Strategy	Actions	Parties Responsible	Timetable
<p>Strategy: 1.1.3a</p> <p>The Statewide Health Coordinating Council supports the following recommendations of the Board of the Texas Higher Education Coordinating Board</p>	<p>1) The state has an adequate and appropriate number of health-related institutions and the establishment of an additional health-related institution would weaken the academic capacity of the existing institutions and present a financial burden to the state.</p> <p>2) The Legislature should provide increased financial state support to existing health-related institutions placed in financial jeopardy due to decreases in federal funding and decreases in revenues from managed care organizations because of cost containment strategies.</p> <p>3) Increase the state's financial support of nursing programs to help allay the projected nursing shortage.</p> <p>4) The Legislature should provide financial support to automate state data collection, including information about the education of physicians, dentists, nurses, and allied health professionals.</p> <p>5) The Texas Higher Education Coordinating Board study and streamline the process of transferring credit between community colleges and universities.</p> <p>6) Health professions institutions develop health professions programs that meet the needs of students, employers, and the changing health care environment of Texas. Expand the use of new technologies to deliver health professions education via distance.</p> <p>7) Support regional planning efforts among secondary schools, health professions programs, and health care employers to develop strategies for recruitment and retention of students reflective of the state's diverse population.</p> <p>8) The Legislature should expand state support for teaching graduate medical education to Texas medical school graduates and other qualified medical residents.</p>	<p>77th Texas Legislature</p> <p>77th Texas Legislature</p> <p>77th Texas Legislature</p> <p>Texas Higher Education Coordinating Board</p> <p>Higher Education institutions offering health professions degree programs</p> <p>Texas Higher Education Coordinating Board Academic Health Centers Center for Rural Health Initiatives</p> <p>77th Texas Legislature</p>	<p>End of 77th Legislative Session</p> <p>End of 77th Legislative Session</p> <p>End of 77th Legislative Session</p> <p>To be set by the THECB</p> <p>Ongoing</p> <p>Ongoing</p> <p>End of 77th Legislative Session</p>

State Strategy	Actions	Parties Responsible	Timetable
Strategy 1.1.3b The Statewide Health Coordinating Council supports the following recommendations of the Texas Higher Education Coordinating Board's Task Force on Health Professions subcommittee on Medicine and Dentistry.	1) The Texas Higher Education Coordinating Board should establish a formal recognition process to identify the most successful medical and dental outreach and undergraduate recruiting programs. The THECB should provide a forum to feature these best practices. 2) The Texas Legislature should consider increasing funding for: a) Additional residency positions in all medical specialties for Texas medical school graduates b) Medical and dental Ph.D. programs to provide an adequate workforce for research expansion c) Fellowships for biotechnology and clinical research training	Texas Higher Education Coordinating Board 77 th Texas Legislature	To be set by THECB End of 77 th Legislative Session
Strategy 1.1.3c The Statewide Health Coordinating Council supports the following recommendations of the Texas Higher Education Coordinating Board's Task force on Health Professions Education subcommittee on Nursing Education	1) The Higher Education Coordinating Board should assess the availability of qualified faculty and clinical sites available to maintain any proposed new nursing programs. The THECB should support a moratorium on new nursing education programs until data indicate an adequate number of qualified nurse faculty and clinical sites are available. 2) The legislature should increase funding to existing nursing schools for the purposes of: a) Increasing the recruitment, retention, and graduation of professional nurses. b) Improving articulation from the LVN to ADN to BSN to MSN to doctoral degree in nursing c) Increasing accessibility to nursing education programs by use of distance learning. d) Increasing faculty salaries to recruit and retain qualified faculty.	Texas Higher Education Coordinating Board	To be set by THECB

State Strategy	Actions	Parties Responsible	Timetable
Strategy 1.1.3d			
The Statewide Health Coordinating Council supports the following recommendations of the Texas Higher Education Coordinating Board's Task Force on Health Professions Education subcommittee on Allied Health Professions	<p>1) Create incentives for institutions of higher education to form partnerships in the delivery of allied health programs to improve student participation across the state. Examples of desired partnerships include the following:</p> <ul style="list-style-type: none"> a) Improved articulation of courses from the community colleges to the universities and health science centers b) Sharing resources such as: faculty, funding, and clinical sites c) Establishing interdisciplinary programs d) Urban – rural collaborative efforts e) Public – private collaborative efforts f) Provision of distance learning programs <p>2) Review the impact of formula funding policies that hinder the development and implementation of programs with respect to the following:</p> <ul style="list-style-type: none"> a) Biennial funding lag b) Programs with small enrollments but important to the community or industry c) Cost of distance learning programs d) Cost of telemedicine technologies <p>3) The Texas Higher Education Coordinating Board and institutions of higher education simplify and shorten approval processes for instructional programs in order to provide a more timely response to the changing needs of the health care industry.</p>	<p>Institutions of Higher Education offering health professions degrees</p> <p>Texas Higher Education Coordinating Board</p> <p>Texas Higher Education Coordinating Board Institutions of higher education offering health professions degrees</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>



Goal 2: Improve health professions regulation to ensure quality health care for Texas

Objective: 2.1 Establish fair and equitable mechanisms and processes that will address health profession regulation

State Strategy	Actions	Parties Responsible	Time Line
Strategy 2.1.1 Create a fair and equitable process for addressing changes in scopes of practice for health professionals in Texas.	<p>1) The lieutenant governor or the speaker of the house should request a legislative interim study to establish a process for determining changes in scopes of practice. The study should review and recommend a process that would include, but not be limited to, sunrise review, alternative dispute resolution, and rulemaking.</p> <p>a) Criteria for determining changes in scopes of practice in any process should address:</p> <ul style="list-style-type: none">i) data on the professional or occupational groupii) overall cost effectiveness and economic impact of the proposed regulationiii) extent to which the regulation or expansion of the profession or occupation would increase or decrease the availability of servicesiv) documentation of improved or enhanced quality of carev) comparison with existing regulations and findings from other states <p>b) Determine agency regulatory responsibility for this function and appropriate funds and FTE's to staff this function.</p>	Lieutenant Governor or Speaker of the House	Interim study 77 th and 78 th Legislative Sessions

Objective: 3.1: Increase access to health care through technology

State Strategy	Actions	Parties Responsible	Time Line
Strategy 3.1.1			
In order to address the maldistribution of health care professionals and increase access to rural and underserved populations, Texas should pass legislation and fund programs that expand the use of telemedicine	<p>1) The State Legislature should include telemedicine third-party reimbursements for Medicaid, Children's Health Insurance Program, Texas Healthy Kids Corporation and other state-sponsored programs in the state's mandated coverage.</p> <p>The following practitioners should be considered for third party reimbursement for telemedicine / telehealth services: physicians, dentists, clinical psychologists, advance practice nurses, physician assistants, certified nurse midwives, clinical social workers, occupational therapists, physical therapists, speech therapists, marriage and family therapists, and other licensed health care providers. The state should consider issues related to scope of practice, fraud and abuse, and quality of care.</p> <p>2) The State Legislature should address high Inter-LATA rates that limit the development and sustainability of rural telemedicine links by establishing a program through the Public Utility Commission's Universal Access Fund that can be accessed to offset Inter LATA rates.</p> <p>3) The 77th Texas Legislature should amend the Telecommunications Infrastructure Fund (TIF) Board enabling legislation to provide for the following:</p> <p>a) Telemedicine/telehealth should be defined to include store and forward, teleradiology, mandatory disease reporting and health alerts, continuing education for health professionals, prisoners' health programs, behavioral health services, counseling and mental health services.</p>	<p>77th Texas Legislature</p> <p>77th Texas Legislature Public Utility Commission</p> <p>77th Texas Legislature</p>	<p>77th Legislative Session</p> <p>77th Legislative Session</p> <p>77th Legislative Session</p>



State Strategy	Actions	Parties Responsible	Time Line
<p>Strategy 3.1.1 con't.</p> <p>In order to address the maldistribution of health care professionals and increase access to rural and underserved populations, Texas should pass legislation and fund programs that expand the use of telemedicine.</p>	<p>b) Flexibility in telecommunications protocol/technology so that the most cost-effective connection can be instituted. (e.g. DSL instead of T-1)</p> <p>c) Independent, private practitioners who deliver direct patient care; beneficiaries who live in rural or underserved areas, accept Medicaid or Medicare patients, and connect to an Academic Health Center or regional hospital; should be eligible for TIF funding</p> <p>d) Adoption of the 42 US Code 254b definition of primary health care</p> <p>4) The Telecommunications Infrastructure Fund Board should consider the following telemedicine/telehealth funding priorities:</p> <p>a) Projects that address the maldistribution of health professionals through the development of telemedicine technology in rural and underserved areas.</p> <p>b) The development of telehealth institutes and telehealth curriculum development in Academic Health Centers for all health professions students</p> <p>c) Funding for evaluation of telehealth demonstration grants by independent researchers</p> <p>d) The development of statewide networks to improve health care delivery and administration specifically by working collaboratively with the Department of Mental Health and Mental Retardation, the Department of Health, and the Health and Human Services Commission.</p>	<p>Telecommunications Infrastructure Fund Board</p>	<p>November 2001</p>

Goal 3 Address the maldistribution of health professionals

Objective 3.2: Increase access to health care through the coordination of recruitment and retention activities.

State Strategy	Actions	Parties Responsible	Time Line
Strategy 3.2.1 Enhance recruitment and retention of health professionals into Health Professional Shortage Areas by expanding state financial incentives, including, but not limited to, loan repayment, loan forgiveness, scholarship, grant programs and accessing federal matching dollars through the National Health Service Corps. Financial incentive programs should be established for all health care professionals.	1) Establish and fund state loan repayment programs for the stated health professionals at the Texas Higher Education Coordinating Board. Location of these funds at the Texas Higher Education Coordinating Board allows them to draw down federal matching dollars. 2) The Texas Higher Education Coordinating Board to contract out the administration of these new programs.	77 th Texas Legislature House and Senate Appropriations Committees	May 2001



Goal 3 Address the maldistribution of health professionals

Objective 3.2: Increase access to health care through the coordination of recruitment and retention activities.

State Strategy	Actions	Parties Responsible	Time Line
Strategy 3.2.2 The Statewide Health Coordinating Council should convene a collaborative partnership of state agencies, Academic Health Centers, professional associations, Area Health Education Centers, and others to coordinate statewide recruitment and retention of health professionals.	1) Coordinate recruitment and retention efforts among the partners 2) Develop models and programs for community recruitment and retention of health professionals that emphasize community and economic development and service to the underserved 3) Plan, implement, and strengthen minority recruitment programs to meet Healthy People 2010 goals and strategies for increasing the numbers of minorities in health professions 4) Develop a health professional recognition program to reward professionals who recruit or mentor local health professions students 5) Expand recruitment programs for all health professionals. 6) Provide technical assistance to communities to support the development of telecommunications networks and telehealth activities through TIF grant funding 7) Develop, implement, and coordinate K-12 health careers programs 8) Develop a plan for a relief service for rural health professionals.	Statewide Health Coordinating Council as Convener. Partners to include but not limited to: Center for Rural Health Initiatives Texas Higher Education Coordinating Board Community Health Provider Resources Program, TDH Office of Minority Health Texas Workforce Commission Academic Health Centers Professional Associations Area Health Education Centers Association of Chambers of Commerce Local economic development councils	Report to the Legislature each biennium

Goal 4: Create a health care workforce trained and equipped to use education and prevention as the primary approach to helping Texans achieve optimal health
Objective 4.1 Increase the implementation of prevention activities in the health care community through the academic curriculum

State Strategy	Actions	Parties Responsible	Time Line
Strategy 4.1.1. Academic health centers and other institutions training health professionals should emphasize prevention in health professions education through curriculum development and use of clinic and community-based training sites.	1) The Academic Health Centers, through TIF funding, should increase telehealth activities for training health professionals and public health professionals in community sites. Target areas for grants should include programs or interventions targeted to: a) Geriatric training or geriatric care b) Rural sites and rural populations c) Border health populations and conditions d) Chronic conditions such as diabetes, asthma, childhood obesity, teen pregnancy, smoking cessation e) Bioterrorism and disaster preparedness	Academic Health Centers through Telecommunications Infrastructure Fund discovery grants.	Ongoing
	2) The Academic Health Centers should apply monies from their tobacco endowments to support: a) The development of web-based education b) Travel and housing costs for students training in rural areas c) Purchase model materials from established prevention programs d) Faculty development in curriculum design which incorporates: community and public health, epidemiology, working in multi-disciplinary teams, and cultural competency	Academic Health Centers	Ongoing
	3) The legislature should provide tax incentives through the HMO Premium Tax for those HMOs offering training sites for health professionals	77 th Texas Legislature	77 th Legislative Session



Goal 4: Create a health care workforce trained and equipped to use education and prevention as the primary approach to helping Texans achieve optimal health

Objective 4.2: Build the competencies of the public health workforce in the areas of core public health functions

State Strategy	Actions	Parties Responsible	Time Line
Strategy 4.2.1 The Texas Department of Health and the universities offering degrees in public health work collaboratively to enhance the education and training of the public health workforce	1) Develop and deliver academic and continuing professional education programs based on the ten essential public health functions and the National Public Health Performance Standards 2) The universities should apply for TIF funding to expand distance learning technologies to Texas Department of Health Regional offices and to local health departments for the provision of academic degrees via distance learning and the delivery of continuing professional education especially in the area of bioterrorism preparedness	The Texas Department of Health The University of Texas Houston – School of Public Health The Texas A&M School of Rural Public Health The University of North Texas at Fort Work – School of Public Health	Ongoing
Strategy 4.2.2 The Commissioner's Council on Local Public Health appoints a task force to review legislation for the purposes of clarifying the roles and responsibilities of local health authorities and local health department directors. Research the credentialing of local health authorities and make recommendations to the SHCC concerning credentialing and any proposed credentialing process.	1) Review current legislation and make recommendations for amendments that would clarify roles and responsibilities of local health authorities 2) Review other state's legislation or credentialing programs 3) Address how clarification of roles and responsibilities and credentialing might improve local public health infrastructure and assure the performance of the ten essential services 4) Make a recommendation on credentialing 5) Study and recommend methods of certifying competence	Commissioner's Council on Local Public Health Texas Department of Health Texas Association of Local Health Officials Texas Association of Municipal Health Officials University of Texas School of Public Health Texas A&M School of Public Health University of North Texas School of Public Health	Report to SHCC November 2001

Goal 4: Create a health care workforce trained and equipped to use education and prevention as the primary approach to helping Texans achieve optimal health
Objective 4.4: Develop a coordinated approach to education of children in grades K- 12 to encourage healthy lifestyle choices.

State Strategy	Actions	Parties Responsible	Time Line
Strategy 4.4.1 The Texas Education Agency and the Texas Department of Health work collaboratively to design a statewide coordinated system of ongoing education and professional development in physical education and health education for educators at all grade levels	1) The Legislature should fund the establishment of a Center for Educator Development to be located in the Texas Education Agency. This Center should: a) Provide technical assistance and support to School Health Advisory Councils required by Texas Education Code 28.004 for each independent school district b) Provide technical assistance and support to schools for the full implementation of the Coordinated Approach to Child Health Program (CATCH). Support to schools should include grant funding for the: i) purchase of curriculum ii) purchase of physical education equipment iii) purchase of food service equipment c) Fund FTE's and travel for 21 TEA CATCH coordinators to be located at the central office and each of the regional service centers. d) Fund an evaluation of the CATCH program and other coordinated health programs.	77 th Texas Legislature	77 th Legislative Session



Goal 5: Reduce disparity in health status among all population groups and enhance their access to quality health care by developing a diverse and culturally competent workforce

Objective 5.1: Develop a diverse and culturally competent workforce

State Strategy	Actions	Parties Responsible	Time Line
Strategy 5.1.1 Education institutions at all levels, elementary, secondary, community college and university, should plan, implement, and strengthen their health professions programs to meet the Healthy People 2010 goals and strategies for increasing the number of minorities in the health professions.	<p>1) Texas Education Agency and the Texas Higher Education Coordinating Board should increase funding for faculty and curriculum development, and remedial programs in math and science education at the elementary, secondary, and higher education levels with consideration given to institutions serving historically minority populations in order to increase the applicant pool of minorities in health professions.</p> <p>2) Funded programs for minority recruitment and retention programs should evaluate their effectiveness by tracking degree completion, licensure, and job placement as measures of success. Continued funding of such programs should be based upon their performance in the above areas.</p> <p>3) The Academic Health Centers should allocate monies from their Tobacco Endowments to increase funding for loans, grants, scholarships, and fellowships to assist minority and disadvantaged students seeking health professions degrees.</p>	<p>Texas Education Agency Texas Higher Education Coordinating Board</p>	

State Strategy	Actions	Parties Responsible	Time Line
Strategy 5.1.2 The Texas Department of Health's Office of Minority Health should review the Healthy People 2010 goals and strategies related to reducing disparities in health status in minority populations, and promote and coordinate efforts by programs in TDH, other Health and Human Services agencies, and private and public organizations to meet those objectives.	1) The 77 th Texas Legislature should appropriate funding for the coordination and implementation of programs to reduce disparity in health status among all population groups in Texas. 2) The Texas Board of Health should establish an advisory committee to the Office of Minority Health	House and Senate Appropriations committees Texas Board of Health	



Goal 5: Reduce disparity in health status among all population groups and enhance their access to quality health care by developing a diverse and culturally competent workforce

Objective 5.2 Develop a workforce equipped to meet the needs of Texas's aging populations and the population of persons with disabilities

State Strategy	Actions	Parties Responsible	Time Line
Strategy 5.2.1 The Texas Department on Aging, the Texas Geriatric Training Centers, and the Area Health Education Centers should study and forecast health professionals/specialties that are needed to fulfill the health care needs of an aging population.	1) Study geriatric training and health care professional specialty needs for Texas aging population. 2) Make recommendations for SHCC and the Texas Legislature to consider for the 78 th Legislative session.	Texas Department on Aging Texas Alliance of Geriatric Education Centers Area Health Education Centers Texas Academy of Family Physicians Texas Osteopathic Medical Association Texas Medical Association Texas Nurses Association Others as appropriate	Report to SHCC November 2001
Strategy 5.2.2 The Texas Department of Health and the Texas Department on Aging should research and identify health habits and risk behaviors of Texas baby boom population and establish partnerships to formulate initiatives for preventive health practices and screenings.	1) TDH and TDA conduct research and assessment of health conditions, habits, and risk behaviors. 2) Develop targeted public awareness campaigns for the baby boom population 3) Present findings to medical schools and other institutions training health professionals.	Texas Department on Aging Texas Department of Health	Report to SHCC November 2001
Strategy 5.2.3 The legislature should fund a prescription drug pilot program to determine the feasibility and health benefit of providing prescription drug benefits for those older Texans unable to qualify for Medicaid and unable to afford Medigap insurance with a prescription benefit.	1) The Health and Human Services Commission should formulate a proposal for such a program establishing eligibility criteria and scope of coverage. 2) Model programs in states such as Pennsylvania, Minnesota and Illinois should be reviewed 3) Provide quality review and evaluation of the impact of the pilot on Total Cost of Healthcare as an integral part of the pilot's design. 4) Make a recommendation on feasibility and cost/benefit.	Health and Human Services Commission Texas Department of Human Services Texas Department on Aging Area Aging Councils	Report to the Legislature October 2002

State Strategy	Actions	Parties Responsible	Time Line
Strategy 5.2.4 Increase the number of health professionals with specialties or sub specialties in geriatrics	1) Educational institutions offering health professions degrees should promote and/or create incentives for students to choose geriatric specialties or sub specialties 2) Educational institutions programs training health professionals whose practice would include the elderly should provide academic instruction and continuing professional education in treating mental illness, depression, and substance abuse in the elderly	Academic Institutions offering health professions degrees or certifications Area Health Education Centers	Ongoing



Goal 6: Create a health workforce that works with communities and in partnership with federal and state governments to have the greatest positive impact on the health of citizens

Objective: 6.1: Design systems in which local communities are empowered to plan and direct interventions that have the greatest positive impact on the health of citizens

State Strategy	Action	Parties Responsible	Time Line
Strategy 6.1.1 The Texas Department of Health should provide technical assistance to local health departments and communities in preparing a community health profile (Public Health Essential Function #1) to aid them in directed health planning.	1) The process for preparing the community health profile should include: a) Core principles as defined in the ad hoc committee's report b) A broad concept of health and wellness workforce c) Wide representation from the community d) Investigation of root causes for health conditions identified as problematic for that community e) Assessment and better understanding of the community's diverse cultures with complementary and integrative approaches to health and wellness for a positive impact on the community.	Texas Department of Health	Ongoing

Goal 6: Create a health workforce that works with communities and in partnership with federal and state governments to have the greatest positive impact on the health of citizens

Objective 6.2: Develop the skill level of health professionals in working with communities

State Strategy	Actions	Parties Responsible	Time Line
<p>Strategy 6.2.1</p> <p>The core competencies outlined in the Community Competencies for Health Professionals Ad Hoc Committee report should be integrated into professional associations' accreditation, certification, continuing professional education and licensure processes. Institutions training health professionals should incorporate them as benchmarks for graduation, entry into professional practice and continuing competence.</p>	<p>The Parties Responsible should take the following actions:</p> <ol style="list-style-type: none"> 1) Evaluate current courses of study to determine if they are preparing students for community health practice 2) Require work in community service settings as part of health professional programs 3) Academic health centers, Area Health Education Centers, Community Colleges and providers of continuing professional education for health professionals and public health professionals should incorporate elements of the proposed core to prepare health professionals to work effectively in communities 4) Research should be conducted to further define curriculum elements for the core curriculum 	<p>Professional Associations Academic Institutions offering health professions degrees or certifications Area Health Education Centers</p>	<p>Ongoing</p>



Goal 7: Develop the health care partnership between consumers and health care professionals through increased access to health care information

Objective 7.1: To enable consumers to make better health care decisions

State Strategy	Actions	Parties Responsible	Time Line
Strategy 7.1.1 The Texas Health Care Information Council should develop a clearinghouse providing health and health insurance related information. THCIC should be authorized to coordinate and organize the information available from state agencies and state entities involved in health information activities (i.e. Texas Health Care Information Council, Office of Public Insurance Counsel, Texas Department of Insurance, health professions licensing boards, and the Texas Department of Health).	<p>1) The Texas Health Care Information Council should develop a state of Texas clearinghouse that provides one-stop access to health and insurance-related information.</p> <p>2) The Texas Health Care Information Council should coordinate and organize the information available from state agencies and state entities involved in consumer health information activities.</p> <p>Responsibilities include:</p> <ul style="list-style-type: none">a. Collecting and analyzing data relevant to consumer information and consumer choice;b. Providing and disseminating data related to consumer choice of health plan, provider and treatment options; andc. Recommending methods for organizing data relevant to consumer information and consumer choice.	<p>Texas Health Care Information Council Office of Public Insurance Counsel, Texas Department of Insurance Health Professions Licensing Boards Texas Department of Health</p>	<p>Report to SHCC Fall 2002</p>

Exhibit 1-1

The Fourth Report of the Pew Health Professions Commission Public Policy Recommendation 9

Until national models for scopes of practice can be developed and adopted, states should explore and develop mechanisms for existing professions to clearly define and expand their existing scopes of practice and to allow for new professions (or previously unregulated professions) to emerge. In developing such mechanisms, states should be proactive and systematic about collecting data on health care practice. These mechanisms should include:

- Alternative dispute resolution processes to resolve scope of practice disputes between two or more professions;
- Procedures for demonstration projects to be safely conducted and data collected on the effectiveness, quality of care, and costs associated with a profession expanding its existing scope of practice; and
- Comprehensive “sunrise” and “sunset” processes that ensure consumer protection while addressing the challenges of expanding existing professions’ practice authority and regulating currently unregulated healing disciplines.

Alternative Dispute Resolution

Purpose of legislation: To enact guidelines for the development and use of alternative dispute resolution (ADR) processes by legislators as one method of resolving disputes between two or more health professions over practice authority acts.

ISSUE 1: Establishment and Administration of ADR Function

Establish who will perform the ADR function (the following assumes the use of the “fact-finding” ADR model – the use of a neutral third-party to collect relevant facts and produce a final recommendation):

1. Determine whether there is a current ADR entity (public) in existence in the state that can perform this ADR function.
2. If no ADR entity exists, consider whether to establish and fund a public ADR entity or whether to contract with a private entity.

ISSUE 2: Applicability to Scope of Practice Disputes

Establish applicability of ADR to scope of practice disputes:

1. Establish forms and filing procedures for parties to jointly request ADR (ADR process only available if all parties agree to participate).
2. Establish what information must be included on the form so that the ADR entity can determine that the dispute is appropriate for resolution (e.g. inability of parties to resolve their differences voluntarily; anticipated prolonged legislative debate; resolution of dispute is in public's best interest and no harm to public's health foreseen).
3. Determine parties' obligations and duties when disputes are accepted for resolution (e.g. parties must provide requested information; parties agree to follow the ADR entity's recommendation).

ISSUE 3: Procedures Used in the ADR Process

Establish procedures for beginning and conducting the ADR process:

1. Require ADR entity to hold an adequate number of hearings, to take testimony of witnesses, and to provide an opportunity for public input.
2. Establish public notice requirements (e.g. local newspaper, other media).
3. Establish reasonable timeframes for fact finding, reviewing and analyzing facts, and developing and finalizing recommendation.
4. Establish format and process for final reports (and documents) and their submission.

ISSUE 4: Implementation of ADR Recommendation

Provide for the implementation of the ADR recommendation:

1. Identify the entity that will receive the recommendation (options include: executive branch agency, legislative committee, appropriate oversight board or individual boards).
2. If implementing legislation is required, identify the entity responsible for introducing the draft legislation (which may be same entity that received the recommendation).
3. Provide that the draft legislation accurately reflects the ADR recommendation.
4. Determine whether to limit the "new" testimony that would be allowed at hearings on the draft legislation (e.g. allow the introduction of only relevant information not available during ADR process).

ISSUE 5: Allocation of Costs

Provide for the allocation of costs for ADR. The options include:

1. State bears costs through the general fund.
2. Parties share costs.
3. State and parties share costs.
4. Portion of license fees are devoted to reasonable ADR costs.

Demonstration Projects for Scope of Practice Innovation

Purpose of Legislation:

To authorize demonstration projects that provide an empirical basis for rational development of legally defined scope of practice provisions, which reflect evolving clinical competence, and make optimum use of skilled health care practitioners. Scope of practice (practice authority) demonstration projects are intended to facilitate the optimal safe utilization of the clinical competence of health care practitioners.

ISSUE 1: Approval Authority

Establish what entity should review, determine the validity, and approve the proposed demonstration project applications. This entity should not be any one licensing board, given that these issues are inherently interdisciplinary, but should be an oversight board, if established, or a centralized agency function.

ISSUE 2: Duties and Powers of Approval Authority

Establish that the oversight board or centralized agency may:

1. Approve, deny, modify or combine applications for a demonstration project; and
2. Solicit public comment on proposed demonstration projects.

ISSUE 3: Application Contents

Establish that the following should be included in the application for a proposed demonstration project:

1. A description of the benefit to the public that will result from the proposed change in practice authority (e.g. expanded choice of practitioners, affordability, accessibility, improved quality of care).
2. Specification of the proposed change in practice authority, the practitioners to whom it applies (not necessarily all members of a profession or category of practitioners) and, if appropriate, any limitation as to qualifications, practice setting, or population to be served.
3. The duration of the proposed demonstration project.

ISSUE 4: Evidence Provided

Establish that the applicant(s) will provide support for the contention that the health care practitioner is clinically competent to provide the proposed service(s). Evidence should include, but not be limited to, the following:

1. Identify other practice settings, states or nations where proposed practice authority is already in effect.
2. Describe how the applicant group's formal educational curriculum provides the requisite clinical competence.
3. Describe how the applicant group has received additional training or other preparation to provide the proposed service(s).
4. Results from specified health care settings or systems (e.g. acute short stay hospitals, Indian Health Service, Veterans' Affairs Medical Centers, etc.) where the proposed change in practice authority is already in effect.
5. Documentation from peer reviewed clinical or scientific literature or other original clinical outcomes evidence.
6. Identification of state or federal regulations authorizing or recognizing the proposed practice authority (e.g. reimbursement policy).

ISSUE 5: Demonstration Project Design and Evaluation

Describe the method by which the proposed demonstration project will be evaluated, including:

1. Study design (assurances for internal and external validity) and inclusion of a control group, practice setting or region, if appropriate.
2. Appropriate human subjects provisions.
3. Data to be gathered regarding the effect of the changed practice authority on access, quality of care, effectiveness, and costs.
4. Resources available to conduct evaluation.
5. Party (or parties) that will conduct the evaluation.

ISSUE 6: Criteria for Evaluating Application

In reviewing and deciding on whether to approve a proposed demonstration project, the oversight board or centralized agency should evaluate whether and how the proposed demonstration project will:

1. Have adequate funding to complete the demonstration project effectively.
2. Have any conflict of interest among the parties involved that may influence the results of the demonstration project. This includes any funding source (with a possible conflict of interest) that cannot be identified through traditional safeguards such as disclosure or project design elements.

The applications should also be evaluated to establish whether the proposed change in practice authority will:

1. Be a benefit to consumers.
2. Promote effective health outcomes.
3. Increase the public's access to a competent health care practitioner.
4. Assure that the public is protected from unsafe health care practices.

ISSUE 7: Liability Insurance Coverage

State law should provide that a health care professional, practicing within the context of an approved demonstration project, should be deemed to be acting within their scope of practice authority to assure that their acts and omissions are covered by professional liability insurance (if any is provided).

Comprehensive Sunrise and Sunset Processes

Purpose of legislation: 1) To allow for “sunrise” review of proposals to change the practice authority of a profession or to create a newly regulated profession that establishes criteria, provides for public participation, and uses scientifically based decision-making. 2) To allow for “sunset” review of regulatory boards and/or the regulation of a profession that provides a mechanisms for evaluation to assure that regulatory bodies are: operating in an effective and efficient manner; providing adequate consumer protection; and that the content of the regulation continues to protect the public.

ISSUE 1: Structure, Duties, and Powers

Sunrise and sunset reviews, or administration by an oversight board or centralized agency, should:

1. Institute a process that allows the parties enough independence to make appropriate recommendations.
2. Assure under the process that decision-makers are not unduly influenced by politics.
3. Assure that the process considers the viewpoints of all affected parties, including the public.
4. Assure that the process has adequate budget and staffing.
5. Provide for enough time for review and completion of process.
6. Develop a reasonable schedule for review of regulatory programs.
7. Determine the disposition of the recommendations and legislative implementation.
8. Link sunset to sunrise when possible to provide coordination and consistency when reviewing regulatory programs, licensing, and scope of practice authority issues.
9. Coordinate sunset review with other oversight mechanisms such as the executive branch and the budget review process.

ISSUE 2: Evaluation Criteria for Sunrise Review

Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument. Sunrise reviews should determine whether:

1. The change in the authority to practice provides a benefit to the public (choice, access, quality, or costs) without unreasonable risk.
2. The proposed regulation is flexible enough to accommodate changes in technology.
3. The public can reasonably be expected to benefit from an assurance of initial and continuing professional ability.
4. The public cannot be effectively protected by other means in a more cost-beneficial manner.

ISSUE 3: Evaluation Criteria for Sunset Review

Any sunset review of an existing professional board should determine whether:

1. Continued regulation by the regulatory body is necessary and, if so, whether it should be changed.
2. The education, experience, and testing requirements to ensure minimum competence, or whether they are overly restrictive and unduly limit competition between professionals, or whether they place undue burdens on those who want to enter the profession from within or outside the state.
3. The regulations have any deleterious economic impacts on practitioners, the public and the state's business.
4. The regulatory program provides accurate, timely, and comprehensive information to the public about the qualifications and practice history of the licensed professional.
5. The practice authority of the regulated profession helps or hinders access to care.
6. The regulatory program encourages public participation in its policy development.
7. The regulatory program protects consumers against incompetent, negligent, fraudulent, or other illegal acts by licensed professionals or unlicensed persons posing as professionals.
8. The regulatory body performs its operations, programs and statutory duties efficiently, effectively and expeditiously.



ISSUE 4: Performance Standards for Sunset Review

In addition to the evaluation criteria listed above, any sunset review of an existing regulatory agency should:

1. Define performance standards for regulatory programs including appropriate budgetary expenditures, examinations, continuing competency, enforcement activity, aging of cases, consumer/complaint satisfaction, consumer outreach and education.
2. Establish periodic assessment of performance against established standards between formal sunset reviews.
3. Assure consistency among regulatory programs in the carrying out of their responsibilities.

